
Last Name

First Name

M.I.

Social Security Number

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____/_____/_____ %	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i> _____				

%	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
_____/_____/_____ %	_____	_____	_____	____/____/____
Street Address (_____)		City	State	Zip Code
Phone Number <i>(Optional)</i> _____				

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).**

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

C Signatures and Consent *(Signatures must be on the lines provided.)***Spousal Consent for Beneficiary Designation** *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

I, *(name of spouse)* _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, my name and my spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

My signature must be notarized by a Notary Public. The date I sign this form in the 'My Consent' section must match the date on which my signature is notarized in this section.

Statement of Notary**NOTE: Notary seal must be visible.**The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____

SEAL)ss. ***(name of spouse)*** _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

D Mailing Instructions**After all signatures have been obtained, this form can be sent by****Fax to:**
Empower Retirement
1-866-633-5212**OR****Regular Mail to:**
Empower Retirement
PO Box 173764
Denver, CO 80217-3764**OR****Express Mail to:**
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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